		ork Reduction Act of PPLICATION						۸p	plication or	Docke	t Number	
CLAIMS AS FILED - PART I									NTITY	OR	OTHER T	
(Column I) FOR NUMBER FILED					(Column 2) NUMBER EXTRA				,	1	SMALL E	
TON NUMBER FILED			K FILED	NOWBEREXTRA			1 187	TE	FEB		RATE	FEE
BASIC FE6 (37 CFR 1.16(a))									s	OR		s 776
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MULTIPLE DEPENDENT CLAIM PRESENT ()				CFR 1.16(d))			+=			OR	+=	
If the difference in column 1 is less then zero, enter "0" in column 2							то	TAL		OR	TOTAL	770
		CLA1M (Column I)	S AS AME	NDED - P		(Column 3)	SM.	ALL I	NTITY	OR	OTHER T	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIOUS PAID F	JER USLY	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
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	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.1643)						11	=		OR	+=	
(Column 1)				(Column	2)	(Column 3)	TO ADDIT.	TAL FEE		OR	TOTAL	0
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID E	BER USLY	PRESENT EXTRA	R.A	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAI FEE
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AMENDMENT C	在1000000000000000000000000000000000000	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO	BER USLY	PRESENT EXTRA	R.A	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
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	Independent (37 CFR 1.16(b))	*	Minus	***		=	x	<u>-</u>		OR OR	x=	
٠,	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM 137 CFR 1.16					(37 CFR (.16(d))] <u> -</u>			OR	+=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								OTAL		OR	TOTAL	

Burden Horn Statement: This form is estimated to take 0.2 hours to complete. Time well vary depending upon the needs of the antivolual case.

Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Officer, October 10, 100 NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.